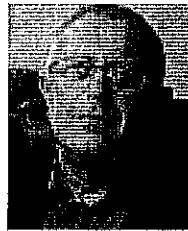


IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF OKLAHOMA

(1) PATRICIA THOMPSON, as)
Personal Representative of the)
Estate of MARCONIA LYNN)
KESSEE,)
Plaintiff,)
-vs-) No. CIV-19-113-SLP
(1) NORMAN REGIONAL HOSPITAL)
AUTHORITY d/b/a NORMAN)
REGIONAL HOSPITAL, a public)
trust, et al.,)
Defendants.)



* * * * *

VIDEOCONFERENCE DEPOSITION OF WILLIAM COOPER, D.O.

TAKEN ON BEHALF OF THE PLAINTIFF

IN OKLAHOMA CITY, OKLAHOMA

ON FEBRUARY 8, 2021

COMMENCING AT 9:04 A.M.

* * * * *

REPORTED BY: BETH A. McGINLEY, CSR, RPR

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EXHIBIT
15

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1 A Certainly.

2 Q Okay. And I might just say "Doctor" at times,
3 that's just a habit. Is that okay?

4 A Yes.

5 Q Okay. Dr. Cooper, have you seen this notice
6 that we sent over to Turn Key?

7 A Yes.

8 Q Okay. Now, are you currently an officer or
9 director of Turn Key?

10 A I'm the chief medical officer.

11 Q Chief medical officer. Okay. And for lack of
12 better words or terms, is that some sort of managing
13 agent within Turn Key?

14 A Yes.

15 Q Okay. And if you could, just briefly describe
16 what your functions and responsibilities and duties are
17 in that job.

18 A I mostly oversee the providers, the physicians
19 and nurse practitioners, and psychiatrists, also oversee
20 the dentists and the mental health professionals.

21 Q Okay. Would it be fair to say you're at the
22 top of the food chain for medical providers at Turn Key?

23 A Yes.

24 Q Okay. And do -- and in that role, do you have
25 the power to exercise judgment or discretion on those

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1 providers?

2 A Yes, I do.

3 MR. YOUNG: Object to the form.

4 Q (By Mr. Hammons) Sorry? I --

5 A Yes -- yes, I do.

6 Q Okay. For instance, you could -- you could
7 hire or fire those individuals in your job?

8 A Correct.

9 Q Okay. Now, within Exhibit 1, there's not a
10 lot of categories, but there's -- there's -- there's
11 seven categories of topics there, and have you had a
12 chance to look at those topics?

13 A Yes.

14 Q Okay. And I take it, since you're sitting
15 here, some of these questions are going to be kind of
16 obvious, but I -- I have to ask them for the record,
17 okay?

18 Has Turn Key designated you to testify on its
19 behalf regarding those matters of examination contained
20 in Exhibit 1?

21 A Yes.

22 Q And do you have full authority to speak on
23 behalf of Turn Key?

24 A Yes.

25 Q Within Turn Key, is there a -- a person or a

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1 not Cleveland County?

2 A Those -- the policies and procedures for both
3 sites is the same.

4 Q Grady County's policies and procedures are the
5 same as Cleveland County's policies and procedures?

6 A The Turn Key policies and procedures are the
7 same.

8 Q I gotcha. Now, with respect to -- if you look
9 under "Procedures" on Document -- on Exhibit 4, (A)
10 says, "Training includes the orientation to the specific
11 correctional facility regarding the following." Do you
12 see that?

13 A I do.

14 Q Okay. And was there specific orientation and
15 training, with respect to Clayton Rickert, for the
16 Cleveland County Detention Center?

17 A I don't know.

18 Q Okay. At least there's no document in his
19 file that would indicate that was done; true?

20 A True.

21 Q And in your preparation to come here and give
22 testimony on these -- on this -- on these subjects, you
23 did not see any documentation or were provided any
24 information that would show that he went through any
25 orientation and training for the Cleveland County

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1 Detention Center; true?

2 A True.

3 MR. YOUNG: Object to the form.

4 A True.

5 Q (By Mr. Hammons) Now, have you -- have -- has
6 Turn Key ever reviewed, as part of this contract,
7 Cleveland County Detention Center's policies and
8 procedures?

9 A Not to my knowledge.

10 Q Okay. Now, how is it that a Turn Key employee
11 can implement the policies and procedures at a Cleveland
12 County Detention Center if they don't know there is a
13 policy?

14 MR. YOUNG: Object to the form.

15 A I don't know.

16 Q (By Mr. Hammons) Did you -- did you say you'd
17 never seen the Cleveland County Detention Center's
18 policies or -- I -- I --

19 A I have.

20 Q You have?

21 A Uh-huh.

22 Q Inside -- contained in the Cleveland County
23 Detention Center's policies and procedures, there are --
24 there's a lot of policy and procedure on inmate medical
25 care and the intake process; true?

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1 not, as -- under -- under this agreement you have with
2 Cleveland County, whether the Cleveland County Detention
3 Center implements training to Turn Key employees on
4 their policy and procedures?

5 A Not to my knowledge.

6 Q Okay. So it's fair to say a -- an individual
7 like Clayton Rickert, when they show up at the Cleveland
8 County Detention Center, do not know the Cleveland
9 County Detention Center's policies and procedures?

10 MR. YOUNG: Object to the form.

11 A That's probably fair to say.

12 Q (By Mr. Hammons) Okay. Now, have you ever
13 taken Turn Key's policies and procedures and Cleveland
14 County Detention Center's policies and procedures, and
15 with respect -- we're just -- I'm specifically just
16 talking about inmate care -- okay? -- when I'm asking
17 about this. I don't -- I don't care about the rest of
18 it, okay?

19 But with respect to the Cleveland County
20 Detention Center's policies and procedures and Turn
21 Key's policies and procedures, and match them up and see
22 if they're the same?

23 A I haven't done that, personally.

24 Q Okay. So you -- as we sit here, Turn Key does
25 not know whether their policy and procedures are in line

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1 with the Cleveland County Detention Center's policy and
2 procedures in -- regarding inmate care?

3 MR. YOUNG: Object to the form.

4 A Well, we ask the jails to review those and see
5 if there's any discrepancies.

6 Q (By Mr. Hammons) Okay. So the Cleveland
7 County Detention Center is required to review Turn Key's
8 policy and procedures and lay out any discrepancies
9 between the two?

10 A I wouldn't say that they're required to, but
11 they are asked to.

12 Q Okay. But isn't that important to know,
13 whether they actually did it or not?

14 MR. YOUNG: Object to the form.

15 A I guess.

16 Q (By Mr. Hammons) Well, for instance, if the
17 Cleveland County Detention Center has a policy and
18 procedure that is completely different on how to
19 implement, say, suicide watch, than Turn Key's policy
20 and procedure, isn't that important to know?

21 A Yes.

22 Q And in this situation, Cleveland County
23 Detention Center and Turn Key, as it stands today, no
24 one looked at those policies and procedures to see if
25 they're the same, that you know of?

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1 A I didn't.

2 MR. YOUNG: Object to -- object to the form.

3 A I didn't.

4 Q (By Mr. Hammons) Well, not only you didn't,
5 Turn Key didn't?

6 A Not to my knowledge.

7 Q Okay. And you've never had the Cleveland
8 County Detention Center contact Turn Key and say, "There
9 is a problem between your policies and our policies";
10 true?

11 A True.

12 Q But, specifically, the Cleveland County
13 Detention Center is asked to review those policies
14 and -- and compare them?

15 A All the jails are, yes.

16 Q Okay. Why are they asked to do that?

17 A To make sure that we're in compliance with
18 their policies and procedures.

19 Q Right. And, ultimately, because those -- that
20 could lead to confusion if those policies and procedures
21 aren't followed; true?

22 A True.

23 MR. YOUNG: Object to the form.

24 A True.

25 Q (By Mr. Hammons) It also could lead to

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1 confusion between Turn Key staff and Cleveland County
2 Detention Center staff, if they're both following
3 different policy and procedures; true?

4 MR. YOUNG: Object to the form.

5 A True.

6 Q (By Mr. Hammons) And confusion could lead to
7 mistakes; true?

8 A True.

9 MR. YOUNG: Object to the form.

10 Q (By Mr. Hammons) Is there anything in the
11 contract between the Cleveland County Detention Center
12 and Turn Key that prohibits the Cleveland County
13 Detention Center from providing training to Turn Key
14 staffers regarding their policies and procedures?

15 A Not that I recall.

16 Q But, as far as you know, the Cleveland County
17 Detention Center does not do that for Turn Key
18 employees?

19 A As far as I know, that's correct.

20 Q And including back in January of 2018, that --
21 that remains the truth?

22 A Correct.

23 Q Okay. Now, you have read Clayton Rickert's
24 deposition; true?

25 A True.

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1 Q Okay. And I'm wondering: Do you agree with
2 Clayton Rickert that the Cleveland County Detention
3 Center should carry the blame for not showing him their
4 policies and procedures?

5 MR. YOUNG: Object to the form.

6 A Do I agree that they should share the blame?

7 Q (By Mr. Hammons) Yes.

8 A No.

9 Q Why not?

10 A He wasn't their employee.

11 Q Okay. Do you agree that Clayton Rickert
12 should have had training -- Turn Key should have
13 provided Clayton Rickert with training on the Cleveland
14 County Detention Center's policies and procedures?

15 A No.

16 Q Why not?

17 A Well, we covered the detail within the --
18 like, the first part, right here, covers, you know, kind
19 of what it's like to work in a correctional setting and
20 that sort of thing, so I think that's what's necessary
21 for him to carry out his job duties.

22 Q Now, is it anticipated by Turn Key that -- or
23 is it foreseeable that Turn Key's medical staff will
24 encounter inmates facing drug overdose?

25 A That's possible.

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1 Q Is it foreseeable that Turn Key's medical
2 staff might encounter inmates facing detox?

3 A Yes.

4 Q Okay. Most -- the Cleveland County Detention
5 Center's policy and Turn Key's policy both actually
6 address detox with specific policies and procedures;
7 true?

8 A True.

9 Q And that's because it's a common occurrence;
10 true?

11 MR. YOUNG: Object to the form.

12 A True.

13 Q (By Mr. Hammons) Drug-overdosing inmates is
14 also fairly common, too; true?

15 A Not -- not true.

16 MR. YOUNG: Object to the form.

17 A Not true.

18 Q (By Mr. Hammons) Okay. When -- when it does
19 occur in -- strike that.

20 Detoxing is more common than drug overdose?

21 A Much more common.

22 Q Okay. Both drug overdose and detox are
23 potentially life-threatening situations; true?

24 A True.

25 Q And Turn Key's medical staff must be able to

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1 recognize and medically assess drug overdose and detox
2 with respect to the Cleveland County Detention Center;
3 true?

4 MR. YOUNG: Object to the form.

5 A They must be able to recognize a potentially
6 bad outcome.

7 Q (By Mr. Hammons) And why should -- why do Turn
8 Key's staff need to be able to recognize the signs of
9 drug overdose?

10 A To hopefully prevent a bad outcome.

11 Q And then, on top of that, the medical staff
12 need to be trained to be able to assess a medical
13 condition; true?

14 MR. YOUNG: Object to the form.

15 A Well, not an LPN.

16 Q (By Mr. Hammons) Okay. So an LPN should not
17 be able to assess a medical condition?

18 A Correct.

19 Q In a situation like the Cleveland County
20 Detention Center, is it true that most of the shifts are
21 covered by LPNs?

22 A Correct.

23 Q So the LPN is not required to be able to
24 assess a medical condition; true?

25 A True.

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1 through that with you.

2 A Okay.

3 Q That's a good point.

4 Now, with respect to LPNs, during that
5 interview process at Turn Key, it doesn't matter if
6 they're able to assess a medical condition or not; true?

7 A True.

8 Q What is the role of an LPN in the jail setting
9 like the Cleveland County Detention Center?

10 A Their job is to assist in an assessment. The
11 assessment takes place by an RN or higher, but their job
12 is to assist Cle- -- they fill out forms,
13 questionnaires, do vital signs.

14 Q Okay. Well, like, in a situation where an LPN
15 is the only medical staff on -- on duty, how does an
16 inmate get care if they're having an issue and the LPN
17 can't assess it?

18 A Well, they're not the only ones on duty.

19 We're always on call, so they have access to an RN or a
20 nurse practitioner or a physician at all times.

21 Q Okay. So I guess the question is, is: If an
22 LPN doesn't understand the medical condition, how is it
23 that they can call for help?

24 A Use the telephone.

25 Q Well, but if they don't understand it, they

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1 A Yes.

2 Q Okay. Does Turn Key provide any education or
3 training to medical staff as to what the responsible
4 health authority is?

5 A I believe that's covered in the orientation.

6 Q Okay. And that would be important for staff
7 to understand; true?

8 A True.

9 MR. YOUNG: Object to the form.

10 Q (By Mr. Hammons) Now, go to Page 8, sir. Now,
11 this is a policy on "Provisions of Treatment, Medical
12 Autonomy." Do you see that?

13 A I do.

14 Q Okay. Now, the first policy says, "Clinic --
15 Clinical decisions and actions regarding healthcare
16 provided to inmates to meet their serious medical needs
17 are solely the responsibility of qualified healthcare
18 professionals."

19 Now, the -- the decisions, for instance, with
20 respect to Clayton Rickert on January 16, 2018, the
21 clinical decisions and actions, would he have been the
22 qualified healthcare professional that -- that Policy
23 No. 1 is speaking of?

24 A Yes.

25 Q Okay. And would you agree that an LPN working

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1 in Clayton Rickert's position on January 16, 2018, it
2 would have been an important skill set for that
3 individual to be qualified to know the signs and
4 symptoms of drug overdose?

5 A Yes.

6 Q Okay. And to know and recognize the signs of
7 detox; true?

8 A True.

9 Q Did -- when you were reading Clayton Rickert's
10 deposition, did it surprise you that he said he was not
11 qualified to make those determinations?

12 A No.

13 Q I'm sorry?

14 A No.

15 Q Okay. It did not surprise you that he was not
16 qualified?

17 A To assess. He's not qualified to assess.

18 Q Okay. Page 72 of his deposition, I'd asked
19 him a question: "You would consider yourself not
20 qualified to make a decision whether somebody was
21 experiencing a drug overdose or not?" And there was an
22 objection.

23 And then he said -- or, no, there wasn't an
24 objection, just words. And his answer was: "I'm not
25 qualified."

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1 Isn't it important for him to be qualified to
2 know the signs and symptoms of drug overdose in his job?

3 MR. YOUNG: Object to the form.

4 A Yes.

5 Q (By Mr. Hammons) Especially when somebody is
6 having a drug overdose; true?

7 A True.

8 MR. YOUNG: Object to the form.

9 A True.

10 Q (By Mr. Hammons) Go to Page 11. It's entitled
11 "Privacy." This is a policy discussing -- well, tell
12 me -- tell me what this policy is about.

13 A It's about patient privacy.

14 Q Okay. And it's important to give inmates an
15 opportunity to communicate with the health provider at
16 the Cleveland County Detention Center; true?

17 A True.

18 Q And you can correct me if I'm wrong, but I
19 take it as this is an opportunity for an inmate to have
20 an unencumbered, open discussion with healthcare
21 providers to answer their questions concerning any
22 medical needs; true?

23 A True.

24 Q Okay. Is there any training of Turn Key's
25 medical staff about the mindset -- when they go in to do

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1 a second. I -- I don't know what happened, but when I
2 first started this, the numbers were wrong on mine, so
3 I -- I started it right when he was being set down on
4 the bench. And it's actually -- would have been -- on
5 the left-hand number, it would have been around the
6 38-minute mark. So the left-hand number is 38. I don't
7 know why it was screwy when I first started it. Just to
8 let everybody catch up.

9 Okay, I'm just going to play it from 38:01, so
10 everybody is on the same page.

11 (Plaintiff's Exhibit No. 13, Officer Brown's
12 body cam footage, was played off the record.)

13 Q (By Mr. Hammons) Okay, so I take it this is
14 the first time you've watched this particular portion of
15 the video?

16 A Correct.

17 Q Okay. And back to this idea of -- the idea
18 behind this policy of privacy, do you believe that that
19 situation is a good situation for an inmate, to be able
20 to communicate with your healthcare provider?

21 MR. YOUNG: Object to the form.

22 A No.

23 Q (By Mr. Hammons) You -- you saw where he was
24 being hushed with hand gestures and called an idiot?

25 MR. YOUNG: Object to the form.

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1 A I didn't hear him being called an idiot. I --
2 they said, "Stop acting like an idiot."

3 Q (By Mr. Hammons) Okay. Did you har -- did you
4 hear them all say -- say, "Fuck his ass"?

5 A I didn't hear that part.

6 Q Yeah.

7 A I read it in the deposition.

8 Q Yeah. At a minimum, this is not conducive to
9 one of your providers being able to assess medical needs
10 of an individual; true?

11 MR. YOUNG: Object to the form.

12 A True.

13 Q (By Mr. Hammons) Okay. Now, with respect
14 to -- strike that.

15 Now, you saw on here, Clayton Rickert -- I've
16 asked him -- and I don't know what is in his hand, but
17 I've asked him, it's an ammonia packet that he's using
18 to put in Marconia's face. You've seen -- you saw that?

19 A Yes.

20 Q Did you recognize that to be what he was using
21 in that video we just watched?

22 A I couldn't see it, but I assumed that because
23 of the -- where he put it.

24 Q Okay. What training, by Turn Key or Cleveland
25 County, are you aware of with respect to ammonia packets

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1 being used in this scenario?

2 A Well, we don't do any training on ammonia
3 packets.

4 Q Okay. Did you -- do you know that Turn Key
5 employees use ammonia packets?

6 A Yes.

7 Q Okay. And what is the purpose of using an
8 ammonia packet with a Turn Key employee?

9 A To get somebody that's not arousable to come
10 to.

11 Q Okay. Yeah, my understanding is, is -- I
12 mean, what I've seen and -- actually, had them used on
13 me -- is when I was knocked unconscious, somebody would
14 put one in front of my -- and try to awaken me; true?

15 A That -- that's what I'm talking about, yes.

16 Q Okay. You probably read in the deposition
17 that Clayton Rickert says it's some sort of tool to use
18 to determine if somebody has a fake seizure or not. Is
19 that part of Turn Key's training?

20 A No.

21 Q Okay. That's actually not what ammonia
22 packets are designed for; true?

23 MR. YOUNG: Object to the form.

24 A True.

25 Q (By Mr. Hammons) Okay. Now, in this

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1 situation, you heard -- and you've read the deposition,
2 where I spelled out Clayton Rickert's words that he used
3 during this interaction with Marconia Kessee?

4 A Yes.

5 Q Okay. Do you believe that Clayton Rickert's
6 words, his process, were sufficient to make a
7 determination to put somebody into critical observation?

8 A Yes.

9 Q Okay. And do you understand he did not ask
10 one question of Marconia Kessee?

11 A I understand that.

12 Q Okay. He didn't ask him, "Have you been on
13 any medicines?" True?

14 A True.

15 Q Or whether he had medical problems or
16 conditions that -- were unaware of; true?

17 A True.

18 Q Okay. And he -- he wasn't asked any
19 questions, other than from a detention officer, about
20 what size of shoe he had on; true?

21 A True.

22 Q Okay. Is this the in- -- specifically, the
23 actions of Clayton Rickert -- I -- I'm not asking you to
24 make any determinations about the Cleveland County
25 Detention Center's officers. But with respect to

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1 Clayton Rickert, what you've seen so far, is that in
2 line with Turn Key's trainings and policies and
3 procedures?

4 A Yes. Yes.

5 Q What is your understanding of why Clayton
6 Rickert wanted to put Marconia in a cell?

7 A He was concerned for his safety.

8 Q Okay. Because his head hit the wall?

9 A Correct.

10 Q Is there anything that you observe- -- would
11 you -- strike that.

12 In this scenario, is there anything in the
13 training, that you provide Clayton Rickert with, that
14 requires them to ask some questions before making any
15 determinations?

16 A Yes.

17 Q Okay. If we go to Page 13 on your -- on
18 Exhibit 5. Now, this is to do with the "Intake Health
19 Screening." Do you see that title?

20 A Yes.

21 Q Okay. Now, with respect to Clayton Rickert,
22 is this something that he is in charge of when he's
23 there, doing intake health screenings?

24 A Yes.

25 Q Okay. And I take it there is a form that

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1 is -- he's required to fill out during this intake
2 health screening process?

3 A Yes, after they're booked in.

4 Q Okay. And I've got it paused -- I've got the
5 video paused at 39:46. Right behind Clayton Rickert, it
6 says "Medical" on that door. Do you see that?

7 A Yes.

8 Q Is that the medical screening room for the
9 Cleveland County Detention Center?

10 A I believe it is.

11 Q Okay. And is that where the intake health
12 screening would occur?

13 A Yes.

14 Q Okay. If we go to the next page, sir, No. 14.
15 It's No. 4. "Reception personnel using a form approved
16 by the medical director conduct a basic receiving
17 screening inquiry."

18 Is -- this form, would you have been the one
19 approving this -- this particular form?

20 A Yes.

21 Q Okay. And is this form something separate and
22 apart from what Clayton Rickert would do in the intake
23 health screening or is this part of it?

24 A That's part of it.

25 Q Okay. All these categories listed in 4, (A)

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1 through (M)?

2 A Correct.

3 Q Okay. And, obviously, none of these were done
4 during this intake process; true?

5 MR. YOUNG: Object to the form.

6 A True. He hadn't been booked in yet.

7 Q (By Mr. Hammons) Okay. Is the process of --
8 have you been a part of -- of this process before?

9 A No.

10 MR. YOUNG: Object to the form.

11 A I've seen it, but -- but I've not actually
12 taken part in it.

13 Q (By Mr. Hammons) Okay. When the -- the
14 book-in process is completed, are they then taken into
15 the medical screening room?

16 A Yes.

17 Q Okay. And then this list of thing- -- these
18 questions or this form would be gone over?

19 A Correct.

20 Q Okay. Now, if we look through this, under
21 No. 4, "(A): Current and past illness, health problems,
22 chronic illness or special health needs."

23 That's important, to be able -- an inmate to
24 be able to communicate those current or past health
25 issues; true?

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1 "appearance, behavior, mental status" on it.

2 A Yes.

3 Q Okay. And one of the -- on "appearance",
4 "sweating, disheveled, tremors." Those are all listed
5 on there; true?

6 A True.

7 Q Why are those actually listed on there?

8 A Well, because they're important.

9 Q Are they indications of anything?

10 A Yes.

11 Q What would that be?

12 A Well, it could be anxiety or drug overdose,
13 drug intoxication.

14 Q Right. The video you just watched of
15 Marconia, did he exhibit any of those?

16 A Yes.

17 Q We have "behavioral" -- "mental status". All
18 important categories to observe when you're doing a
19 screening?

20 A Yes.

21 Q The next page is Page 15, "Breathing,
22 hyperventilation." What is hyperventilation?

23 A Breathing faster than normal.

24 Q In the video you just watched, was Marconia
25 Kessee breathing heavy?

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1 A Yes.

2 Q Now, No. 7, "Healthcare personnel will make
3 disposition recommendation based on medical assessment
4 or review of correctional staff screenings."

5 How does that work with -- how does No. 7 get
6 implemented when Clayton Rickert is on call?

7 A If they exhibit self-harm, threaten self-harm,
8 then they -- they put them where they -- try to keep
9 them safe.

10 Q Yeah, but this -- this -- I don't -- I don't
11 -- No. 7 doesn't seem to be indicating -- talking about
12 self-harm at all. It says, "Healthcare personnel will
13 make disposition recommended based on the medical
14 assessment."

15 So what I'm asking is, is: How does that work
16 when you don't have an individual there that can make a
17 medical assessment?

18 A Well, we always have somebody on call, like I
19 said, so the assessment can be done by somebody on the
20 phone, based on the LPN's assistance.

21 Q Yeah, so -- but if the -- you know, it's hard
22 for me to understand how the LPN, if he can't make a
23 medical assessment, how he can realize there's a need
24 for medical treatment, if he can't make the medical
25 assessment. So that's what I'm asking, is: How is he

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1 supposed to pick up the phone and call someone qualified
2 to do a medical assessment if he doesn't even know how
3 to assess a medical condition?

4 A Well, if he's -- if he don't know what
5 going -- what's going on, then he's supposed to call
6 the -- somebody higher up.

7 Q Okay. So -- and you -- well, never mind.

8 Strike that.

9 Letter "D" on here, do you see Letter "D",
10 "Medical Housing Observation"?

11 A Yes.

12 Q And we'll talk about critical observation,
13 also, but I'm curious, you know, as I -- have you read
14 any of the -- some of the jailers' statements done
15 after?

16 A No, I have not.

17 Q Okay. Some reference medical observation and
18 some reference critical observation. And I'm wondering:
19 What is the -- what is medical observation in -- in Turn
20 Key's view?

21 A They're placed in the medical unit for medical
22 reasons, for physical medical reasons.

23 Q Okay. And these are some of the reasons that
24 they would be placed into medical observation; true?

25 A True.

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1 Q Okay. And -- such as "seizures,
2 detoxification monitoring, alcohol intoxication, or
3 possible drug withdrawal." Do you see those?

4 A Yes.

5 Q Okay. How is it when Clayton Rickert is on
6 call -- how is an inmate supposed to be put in medical
7 observation if Clayton Rickert doesn't know the signs
8 and symptoms of some of those?

9 A He would need to call his superior.

10 Q Well, if he doesn't know to -- what they are,
11 how could he possibly know there's a problem?

12 A Well, if they're on this list or some other
13 concerning thing, then he would call.

14 Q Well, you see -- you see the problem here is
15 if -- if Clayton Rickert doesn't know somebody has signs
16 of drug overdose because he doesn't know them, and he
17 reads: "Drug overdose or drug withdrawal," on your
18 sheet, but he doesn't know it's a drug overdose --

19 A Uh-huh.

20 Q -- because he doesn't know, it would be
21 impossible for him to reach out to, say, you, and get
22 help; true?

23 A True.

24 MR. YOUNG: Object to the form.

25 Q (By Mr. Hammons) And you -- I mean, you -- you

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1 read his deposition where he said -- he uses the -- the
2 quote: "I'm not qualified"; true?

3 A True.

4 Q Okay. So this -- this particular section of
5 Turn Key's policies and procedures, while Clayton
6 Rickert is on staff, is hard to implement because he's
7 not qualified to do it; true?

8 MR. YOUNG: Object to the form.

9 A I don't think that it's hard to implement if
10 you know where -- how to use a phone.

11 Q (By Mr. Hammons) Well, not just use a phone,
12 but know the signs and symptoms of drug overdose, too;
13 true?

14 A True.

15 Q Okay. When they're in medical housing
16 observation, do -- does the Cleveland County Detention
17 Center officers have anything to do with that
18 observation?

19 A Not the actual observation, they just place
20 them in there.

21 Q Okay. They might oversee and make sure
22 they're, you know, not a risk to somebody, but they're
23 not involved in the observation of it; is --

24 MR. YOUNG: Object to --

25 Q (By Mr. Hammons) -- that accurate?

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1 "Why did you say these things in your notes when they're
2 not true?"

3 A I don't know that for a fact. I don't know.

4 Q Okay. But that was a red flag to Turn Key
5 that this wasn't exactly as Clayton Rickert said it to
6 be; true?

7 A True.

8 MR. YOUNG: Object to the form.

9 A True.

10 Q (By Mr. Hammons) Regardless of the sheriff or
11 the Cleveland County Detention Center's decisions on not
12 wanting Clayton Rickert back into Turn Key, was he going
13 to be fired?

14 A Not to my knowledge.

15 Q Hand you Exhibit 10. It's OSBI 106. This is
16 an incident report by Brandi Garner. And I -- I'm not
17 going to -- I'm just going to direct you down to -- in
18 the main body, under "Observations," it's about the, I
19 don't know, third or fourth sentence, it says, "LPN
20 Clayton Rickerts" -- about the one, two, three, four --
21 fifth line down, kind of towards the end, "LPN Clayton
22 Rickerts" --

23 A Uh-huh.

24 Q -- "was also present and I asked him what
25 Inmate Kessee's history was, to gain a better

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1 Q What is it?

2 A That there's --

3 Q What could it be?

4 A That there's a medical problem.

5 Q All right. You can set that aside there, sir.

6 If we go back to Exhibit 5, sir, we're going
7 to go to Page 43. Now, this, on Page 43, is the suicide
8 prevention program for Turn Key Health; true?

9 A Correct.

10 Q Okay. Now, with respect to critical
11 observation, is critical observation addressed in Turn
12 Key's policies and procedures?

13 A We don't call it critical observation. We
14 call it suicide watch.

15 Q Okay, fair enough. And it seems to me, from
16 reading the Cleveland County Detention Center's
17 policies, is that if you're on critical observation and
18 given a suicide smock, it is essentially suicide watch.
19 Is that your understanding?

20 A Yes, it is.

21 Q Okay. Now, if we go to Page 44 of Exhibit 5,
22 down -- No. -- No. 4, this is still under the suicide
23 prevention program, under "Housing," do you see that?

24 A Yes.

25 Q It says, "House staff will follow the

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1 facility's policies for suicidal or observation patient
2 housing." Do you see that?

3 A Yes.

4 Q Okay. Now, that would -- "health staff" would
5 be Clayton Rickert; true?

6 A True.

7 Q Okay. And he's supposed to follow the
8 facility's policies for suicide or observational patient
9 housing; true?

10 A True.

11 Q Okay. And as we've already discussed, Clayton
12 Rickert was not trained on the Cleveland County
13 Detention Center's policies and procedures by Turn Key;
14 true?

15 A He probably was on-the-job trained.

16 Q Okay. But not specifically their policies and
17 procedures. There was no training --

18 A No --

19 Q -- by Turn Key?

20 A No formal sit-down lecture training.

21 Q Okay. And as far as you know, the Cleveland
22 County Detention Center did not provide specific
23 training on their policies and procedures, either?

24 A As far as I know, that's correct.

25 Q Okay. On a shift like January 16, 2018,

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1 Q And I'm asking you: What is Turn Key's
2 position on that subject of when an intake, under these
3 circumstances, should be completed?

4 MR. YOUNG: Object to the form.

5 A It can -- it can vary, based on what's going
6 on. If you've got somebody that's violent or
7 uncooperative, then you postpone it until they have time
8 to calm down.

9 Q (By Mr. Hammons) And -- and I get that sense
10 of that, but I'm wondering if -- for instance, in this
11 situation, clearly the sight checks are being done by
12 detention officers?

13 A Correct.

14 Q Is it incumbent upon those officers to tell
15 your Turn Key staff when the inmate has calmed down
16 enough to finish the intake?

17 MR. YOUNG: Object to the form.

18 A That's certainly the way it usually works.

19 Q (By Mr. Hammons) Okay. Have you watched any
20 extensive length of video from when Marconia is placed
21 in the cell, just watching his body throughout the
22 couple hours that he's there?

23 A No, I have not.

24 Q Okay. With respect to -- I just asked you
25 about the suicide prevention program and I pointed out

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1 this No. 4 about "The health staff will follow the
2 facility's policy for suicidal or observation patient
3 housing."

4 Would that also be -- Turn Key members would
5 follow the guidelines set out in the Cleveland County
6 Detention Center for critical observation?

7 MR. LAFFERRANDRE: Object to the form.

8 A Yes, because -- yes, because suicide watch and
9 critical observation are the same thing, just depends on
10 which policy you're reading.

11 Q (By Mr. Hammons) Okay. Now, does the
12 orientation and training or the policy and procedure at
13 Turn Key give Turn Key employees an idea of what is
14 required for a sight check?

15 A No.

16 Q Okay. Is that something -- a sight check, is
17 that something a Turn Key medical staff, like Clayton
18 Rickert, is responsible for at times?

19 A No.

20 Q Okay. That is a function of the jail staff,
21 to do critical observation sight checks?

22 MR. YOUNG: Object to the form.

23 A That's correct.

24 Q (By Mr. Hammons) Okay. Now, at -- I
25 believe -- and I think I'm correct on this -- that

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1 Clayton Rickert said that, at times, he has done sight
2 checks on critical observation inmates. Is that your
3 exper- -- is that the experience of -- of the training
4 that's provided to Turn Key employees?

5 A Not to my knowledge.

6 Q Okay. But, irregardless, a Turn Key employee
7 would look to the policies and procedures of the
8 Cleveland County Detention Center on how to -- on what
9 the specifications of a critical observation are?

10 MR. YOUNG: Object to the form.

11 A According to this, yes.

12 Q (By Mr. Hammons) Okay. According to
13 Exhibit 5?

14 A Correct.

15 Q Okay. When Turn Key is reviewing the
16 Cleveland County Detention Center's policies and
17 procedures, does Turn Key have any cons- -- put any
18 consideration into what a sight check is in critical
19 observation?

20 A Well, we do, because we know, usually, it's
21 the security staff that does that, and so, yes, we take
22 that into consideration.

23 Q So, for instance, you know, if a sight check
24 on somebody, who's in critical observation, isn't done
25 properly, or there's no procedure for it, that could, in

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1 turn, affect Turn Key's employees who are responsible
2 for the medical care; true?

3 MR. YOUNG: Object to the form.

4 A Theoretically, it could, yes.

5 Q (By Mr. Hammons) You know, if they're not
6 doing the sight check properly and somebody becomes
7 unresponsive or not breathing, then Turn Key's staff
8 should have been no- -- notified quicker; true?

9 MR. YOUNG: Object to the form.

10 MR. LAFFERRANDRE: Form.

11 A Yes.

12 Q (By Mr. Hammons) Have you, Turn Key, when
13 you're -- when you were evaluating the situation in
14 the -- inside the cell, did Turn Key make any
15 evaluations of sight checks that were done for Marconia
16 Kessee?

17 A Not that I recall.

18 Q Okay. Okay, if we could go back in Exhibit
19 5 -- well, we're going to backtrack to Page 40.

20 A Okay.

21 Q Okay. This is your -- Turn Key's policy on
22 detoxification. Is part of the training contained in
23 Exhibit 6, and found in the policy and procedures, have
24 to do with the signs of detoxification?

25 A Yes.

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1 Q Okay. And part of that would be the signs and
2 symptoms to look for in an inmate who's new to the jail?

3 A That's correct.

4 Q Now, on No. 2 of the policy, it says there's
5 -- "Established protocols are followed for the treatment
6 and observation of individuals manifesting symptoms of
7 intoxication or withdrawal. Protocols are approved by
8 the medical director, are current, and are consistent
9 with nationally-accepted guidelines."

10 A Are those particular established protocols --
11 are those written down somewhere?

12 A No.

13 Q They're just part of the training?

14 A Correct.

15 Q That's done in --

16 A For --

17 Q -- Exhibit 6?

18 A For -- no, that's for -- training is provided
19 to the providers, the nurse practitioners and doctors.

20 Q Okay. But not the LPNs?

21 A Correct.

22 Q Okay. So what happens if the LPN encounters
23 someone who's having these signs and symptoms and they
24 have no training?

25 A Well, hopefully, they call the provider for

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1 guidance.

2 Q No. 4 says, "Patients experiencing severe
3 life-threatening intoxication, overdose or withdrawal
4 are transferred immediately to a licensed community
5 hospital." That's the Turn Key policy; true?

6 A That is correct.

7 Q Okay. How is an individual like Marconia
8 Kessee, who's potentially having an overdose of his
9 medications and whatever else in his body -- how is he
10 going to be transferred if -- if it's Clayton Rickert on
11 the job, who doesn't know the signs and symptoms of
12 overdose?

13 MR. LAFFERRANDRE: Object to the form.

14 A Nothing -- I would say that history tells us
15 nothing.

16 MR. HAMMONS: You know, I don't know if the
17 sandwiches are here or not, but I think if we can go off
18 the record and go ahead and do our lunch right now, I
19 can marshal through -- some of my questions are --
20 are -- have been answered. I can probably streamline
21 this and, after we eat a sandwich, we can be done fairly
22 quickly, if everybody is in agreement to that.

23 MR. YOUNG: Sure.

24 MS. GOOCH: That sounds good to me.

25 MR. HAMMONS: Okay.

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1 A That's correct.

2 Q All right. And that's what your company holds
3 itself out to these jails as being able to provide, that
4 medical care for all inmates, start to finish, correct?

5 A Correct.

6 Q And not only that, on Page 3 -- by the way,
7 the medical care, that it -- is provided, would include
8 a screening and an assessment, if needed, correct?

9 A That's correct.

10 Q All right. And moreover, as reflected on
11 Page 3, it would include pharmaceutical services for all
12 inmates, correct?

13 A Yes, sir, that's correct.

14 Q And so if an inmate needed medication,
15 certainly, that's part of what Turn Key committed to do
16 within this contract. Would you agree with that?

17 A Yes.

18 Q And would you agree with me that the facility,
19 the jail, has a right to require competent, timely and
20 appropriate attention to the inmates' needs?

21 A Yes.

22 Q All right. And was there ever anything during
23 this contract, that was done by Turn Key, to notify the
24 jail that it was not going to provide these expansive
25 services?

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1 admission?

2 MR. HAMMONS: Object to the form.

3 A Not to my knowledge.

4 Q (By Mr. Lafferrandre) All right. Another
5 thing that Turn Key specializes in is the ability to do
6 sick call triage, correct?

7 MR. HAMMONS: Object to the form.

8 A Correct.

9 Q (By Mr. Lafferrandre) All right. And -- and
10 to some extent, that involves screening inmates for
11 healthcare problems, correct?

12 A Correct.

13 Q And Mr. Rickert, in your estimation, was he
14 qualified to do an appropriate screening of inmates on
15 intake?

16 MR. HAMMONS: Object to the form.

17 A Yes.

18 Q (By Mr. Lafferrandre) Did he go to nursing
19 school?

20 A Yes.

21 Q Did he graduate from nursing school?

22 A Yes.

23 Q Was he then subjected to a pretty intense
24 examination of his skills?

25 MR. HAMMONS: Object to the form.

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1 A Would you repeat the question, please?
2 Q (By Mr. Lafferrandre) Part of the problem
3 with -- with doing an evaluation and a screening of
4 Mr. Kessee is that he wasn't providing any information
5 about the meth that he took.

6 MR. HAMMONS: Object to the form.

7 Q (By Mr. Lafferrandre) Would you agree with
8 that?

9 A Yes, I would agree.

10 Q And he wasn't giving any information about the
11 toxic amount of anti-depressants that he took, correct?

12 A Correct.

13 Q And that makes it more difficult for the
14 Norman ER. Would you agree with that?

15 MR. HAMMONS: Object to the form.

16 A Yes, I would.

17 Q (By Mr. Lafferrandre) Makes it more difficult
18 for the police officers, correct?

19 MR. HAMMONS: Object to the form.

20 A Correct.

21 Q (By Mr. Lafferrandre) More difficult for the
22 officers at the Cleveland County Detention Center.
23 Would you agree with that?

24 MR. HAMMONS: Object to the form.

25 A I would agree.

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1 MR. HAMMONS: Object to the form.

2 A Not to my knowledge.

3 Q (By Mr. Russell) And, Doctor, you are familiar
4 with the fact that patients can have a change in
5 condition; true?

6 A True.

7 Q You volunteered for us that -- at some point,
8 when you were asked about fit slips, you made a general
9 statement, and I'm paraphrasing: "Turn Key will send
10 for a fit slip, if necessary." Do you remember saying
11 something to that extent?

12 A Yes.

13 Q Okay. Tell me what you meant by "Turn Key
14 will send for a fit slip, if necessary." What
15 circumstances will Turn Key do that?

16 A Well, we have a whole list of criteria.

17 Someone that's involved in a motor vehicle accident or
18 injured during arrest. If unsta- --

19 Q Where would --

20 A Go ahead.

21 Q I'm sorry to interrupt, go ahead.

22 A No, that's okay.

23 Q Go ahead.

24 A I was going to say: Unstable bio signs, head
25 injuries, elevated blood sugars, lots of things like

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1 that, that could mean they could be, you know, not quite
2 ready to go to jail.

3 Q And where would that criteria -- that criteria
4 you're describing, where would we find that?

5 A It's always posted in booking.

6 Q Okay. Describe what you mean, for me, by
7 that, please. As specifically as you can, please.

8 A Okay. In the booking part of the jail, where
9 they bring new intakes in to be booked in, that's just
10 a -- a room in the jail where they do that process, and
11 so that's where those criteria are posted.

12 Q Okay. And in this video, the first video,
13 where Mr. Kessee is sitting on the bench, is that the
14 area where those are -- where that would be posted?

15 A Yes.

16 Q All right. And is that a Turn Key document
17 indicating when it would be appropriate to ask for a fit
18 slip?

19 A Yes.

20 Q Okay. And what would that be labeled?

21 A "Fit Criteria."

22 Q Okay. And is that something that you can
23 provide to me, as a corporate representative of Turn
24 Key, through your counsel?

25 A Yes.

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1 Q And I take it from your testimony so far, you
2 recog- -- you and other members of Turn Key staff
3 recognize that patient's conditions can deteriorate over
4 time, correct?

5 A Absolutely.

6 Q And that fit slip criteria is something that
7 can be utilized to determine if a patient needs to go
8 get another fit slip; in other words, needs to be
9 checked out by an ER physician --

10 A Correct.

11 Q -- is that true?

12 A That's true.

13 Q Okay. So Clayton Rickerts did have the
14 independent ability to perform a screening exam and
15 determine if another fit slip needed to be obtained for
16 Mr. Kessee, correct?

17 A I agree.

18 Q And that screening exam, I believe you already
19 went over it, I want to make sure we're talking about --
20 I'm communicating and understand the correct things.
21 That would be in your policy and procedures, under
22 "Initial Health Screening," Exhibit 5, roughly starting
23 at Page 13 of that; is that correct? Feel free to look
24 at that, sir.

25 MR. YOUNG: Go ahead and look all you want.

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1 A Yes.

2 Q (By Mr. Russell) Okay. And that -- that's the
3 screening criteria we've talked about generally,
4 correct?

5 A Well, it's different than the fit criteria.

6 Q I understand that, but that's the screening
7 criteria that Robert asked you about --

8 A Yes.

9 Q -- previously?

10 A You're correct.

11 Q Okay. And there is a separate fit slip
12 criteria that you and I discussed, correct?

13 A That's correct.

14 Q As far as the condition of Mr. Kessee at
15 Norman Regional Health Center or Hospital, you don't
16 know what that condition was, do you?

17 A No.

18 MR. RUSSELL: Thank you for your time, Doctor.
19 I appreciate it. I'll reserve my questions till time of
20 trial.

21 MR. HUFF: This is Glen Huff. We have no
22 questions, at this time, on behalf of the hospital.

23 MR. KNIGHTON: I think I'm the only one that's
24 left, and the City and Keith Humphreys does not have any
25 questions at this time. Thanks.

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1 be the responsible health authority in that phrase; is
2 that correct?

3 A That's correct.

4 Q Okay. And did you review the orientation
5 program, as it says?

6 A Yes.

7 Q There's been a lot of talk about assessments
8 versus screening and I was wondering if you could clear
9 up some of that. Under Oklahoma law, is an LPN
10 qualified to do an assessment?

11 A No.

12 Q Okay. So when -- okay, kind of explain that
13 to us. What is the difference between an assessment and
14 a screening?

15 A Well, the LPNs use screening tools, which are
16 questionnaires, but they can't make an assessment out of
17 that information. That's why they pass it on up the
18 chain to an RN or a -- a nurse practitioner or a
19 physician for an assessment.

20 Q So a Turn Key LPN, like Nurse Rickert, would
21 be able to seek out an assessment from someone qualified
22 to do so; is that fair?

23 A Yeah, that's possible, 24 hours a day.

24 Q Okay. From Turn Key's perspective, under
25 these circumstances, why was it okay for Nurse Rickert

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1 did you hear anybody, other than what size your shoe is,
2 ask him one question in order to ascertain why he was
3 acting the way he was?

4 A That's the only question I heard asked.

5 Q Right. And we already talked about it,
6 Marconia clearly was having some problems, in the video;
7 true?

8 A Yes.

9 MR. YOUNG: Object to the form.

10 A Yes.

11 Q (By Mr. Hammons) Okay. He's surrounded by
12 four individuals; true?

13 A True.

14 Q Okay. Can't speak very well; true?

15 A True.

16 MR. YOUNG: Object to the form.

17 Q (By Mr. Hammons) Is breathing heavily; true?

18 A True.

19 Q Sweating profusely?

20 A True.

21 Q Can't walk?

22 MR. YOUNG: Object to the form.

23 Q (By Mr. Hammons) True?

24 A True.

25 Q And at that moment in time, Turn Key expects

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1 Marconia Kessee to start rattling off his medications to
2 them; is that what I'm hearing?

3 MR. YOUNG: Object to the form.

4 A No.

5 Q (By Mr. Hammons) It's not -- that's not
6 reasonable, to expect Marconia Kessee, at that moment in
7 time, to have been able to communicate any further than
8 he already was trying; true?

9 A I agree.

10 Q Yeah. Now, as far as there's no information
11 about drugs, that's not exactly true, either. The
12 question was asked, was there's no information, but you
13 pointed out he had a big bag of pills with him; true?

14 A True.

15 Q The exact medications that he was taking;
16 true?

17 A True.

18 MR. YOUNG: Object to the form.

19 Q (By Mr. Hammons) And those pills, had somebody
20 looked at them, understood what they did to people if
21 too many were taken -- for instance, Clayton Rickert --
22 that might have helped, given some more information that
23 he could have relayed to a nurse practitioner; true?

24 MR. YOUNG: Object to the form.

25 A True.

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1 happen?

2 MR. YOUNG: Object to the form.

3 A No, I don't.

4 Q (By Mr. Hammons) Yeah, the questions asked
5 that -- of you, that placed the onus on Marconia Kessee,
6 as he's dying, to start offering information about his
7 overdose, are unreasonable questions, are they not?

8 MR. YOUNG: Object --

9 MR. LAFFERRANDRE: Objection.

10 MR. YOUNG: -- to the form.

11 A Are they unreasonable questions?

12 Q (By Mr. Hammons) Well, it's an unreasonable
13 stance to take?

14 A Well --

15 MR. YOUNG: Object --

16 MR. LAFFERRANDRE: Objection.

17 MR. YOUNG: -- to the form.

18 A In hindsight, yes.

19 Q (By Mr. Hammons) Now, it was asked, your
20 observations of uncooperative in the -- in the room, but
21 you did couch that a little bit: "Clearly,
22 uncooperative." What was he uncooperative with?

23 A Arrest.

24 Q With what?

25 A Arrest.

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1 Q Well --

2 A And going to the Salvation Army.

3 Q Okay. Well, I'm talking about in the intake
4 room.

5 A Oh.

6 Q He was -- he was told to sit his ass on the
7 bench; true?

8 A Yes.

9 Q And he sat on the bench; true?

10 A True.

11 Q He couldn't answer the question about what
12 size shoe he had; true?

13 MR. YOUNG: Object to the form.

14 A True.

15 Q (By Mr. Hammons) Okay. Any other thing, that
16 he was -- that he was asked or told to do, that he did
17 not do?

18 A No.

19 Q So uncooperative -- sometimes inmates --
20 that's why we have these procedures and these screening
21 processes: Sometimes inmates show up and they are in
22 medical emergency need and they can't cooperate; true?

23 A True.

24 MR. YOUNG: Object to the form.

25 Q (By Mr. Hammons) And just to clarify: At the